

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091255

FILED
Apr 27, 2006
Secretary of State

Entity Name: ALDOR SOLUTIONS CORPORATION

Current Principal Place of Business:

24 NE 24TH AVE
SUITE 100
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

24 NE 24TH AVE
SUITE 100
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 51-0481144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATNER, MICHAEL G
24 NE 24TH AVE
SUITE 100
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEATHERLY, IAN
Address: 24 NE 24TH AVE STE 100
City-St-Zip: POMPANO BEACH, FL 33062

Title: CEOS () Delete
Name: PLATNER, MICHAEL G
Address: 24 NE 24TH AVE STE 100
City-St-Zip: POMPANO BEACH, FL 33061

Title: D () Delete
Name: MEDWED, NEIL
Address: 24 NE 24TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: PTD () Delete
Name: ABRAMS, TONY
Address: 24 NE 24TH AVE STE 100
City-St-Zip: POMPANO BEACH, FL 33062

Title: VPAS () Delete
Name: PASSER, WILLIAM J
Address: 24 NE 24TH AVE SUITE 100
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: FISHMAN, DAVID
Address: 24 NE 24TH AVE STE 100
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PLATNER

CEOS

04/27/2006

Electronic Signature of Signing Officer or Director

Date